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TO/ST/01

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

Only for new nonprovisional applications under 37 CFR  
1.53(b))

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. BIO-131									
		First Inventor Assaf Govari									
		Title MEDICAL DEVICE WITH POSITION SENSOR HAVING ACCURACY AT HIGH TEMPERATURES									
		Express Mail Label No. EL691440791US									
APPLICATION ELEMENTS  See MPEP Chapter 600 concerning utility patent application contents.		ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231									
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 42] (Preferred arrangement set forth below)</p> <ul style="list-style-type: none"><li>- Descriptive Title of the Invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R&amp;D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> <p>4. <input checked="" type="checkbox"/> Drawing(s)(35 USC 113) [Total Sheets 6]</p> <p>5. Oath or Declaration [Total Pages 3] a. <input checked="" type="checkbox"/> Newly executed (unsigned) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>18. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: , filed . Prior application information: Examiner Group Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p> <p>19. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input type="checkbox"/> Correspondence Address below</p> <p>Name: Philip S. Johnson, Esq. Address: Johnson &amp; Johnson One Johnson &amp; Johnson Plaza New Brunswick, NJ 08933-7003 USA</p> <p>20. TELEPHONE CONTACT Please direct all telephone calls or telefaxes to Louis J. Capezzuto at: Telephone: (732) 524-2218 Fax: (732) 524-2808</p> <p>21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</p> <table border="1"><tr><td>NAME</td><td>Louis J. Capezzuto</td><td>Reg. No. 37,107</td></tr><tr><td>SIGNATURE</td><td colspan="2"></td></tr><tr><td>DATE</td><td colspan="2">June 15, 2001</td></tr></table>			NAME	Louis J. Capezzuto	Reg. No. 37,107	SIGNATURE			DATE	June 15, 2001	
NAME	Louis J. Capezzuto	Reg. No. 37,107									
SIGNATURE											
DATE	June 15, 2001										

**FEE TRANSMITTAL***Complete if Known*

Application Number	
Filing Date	
First Named Inventor	Assaf Govari
Group Art Unit	
Examiner Name	
Attorney Docket Number	BIO-131

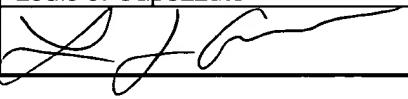
**FEE CALCULATION****CLAIMS AS FILED**

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	43 - 20 =	23	x 18.00	\$414.00
INDEPENDENT CLAIMS	2 - 3 =	0	x 80.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$1124.00

**METHOD OF PAYMENT**

Please charge Deposit Account No. 10-0750/BIO-131/LJC in the amount of \$1124.00.  
Three copies of this sheet are enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/BIO-131/LJC. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Louis J. Capezzuto	Reg. No. 37,107
Signature		Date: 6/15/01 Deposit Account No. 10-0750

06-18-01 A



DOCKET NO. BIO-131

IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE



Applicant: Assaf Govari

For : MEDICAL DEVICE WITH POSITION SENSOR HAVING ACCURACY  
AT HIGH TEMPERATURES

Express Mail Certificate

"Express Mail" mailing number: EL691440791US

Date of Deposit: June 15, 2001

I hereby certify that this complete application, including specification pages, claims, informal drawings, Appendix, and Combined Declaration and Power of Attorney (unsigned), is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

A Combined Declaration and Power of Attorney will be submitted to the United States Patent and Trademark Office upon receipt of the U.S. Serial Number for this patent application.

Karen Hall-Morgan  
(Typed or printed name of person mailing paper or fee)

Karen Hall-Morgan  
(Signature of person mailing paper or fee)